

# Webb County Request for Payment of Attorney Fees

|   |  |                                  |  |  |       |   |  |  |  |  |
|---|--|----------------------------------|--|--|-------|---|--|--|--|--|
| 1. Jurisdiction<br><input type="checkbox"/> District <input type="checkbox"/> County<br><br><input type="checkbox"/> County Court at Law<br>Court # _____   |  | 2. County _____                  |  | 3. Cause Number _____<br>_____<br>_____  |       | Offense _____<br>_____<br>_____                               |  | 4. Proceedings<br><input type="checkbox"/> Trial-Jury <input type="checkbox"/> Trial-Court<br><br><input type="checkbox"/> Plea-Open <input type="checkbox"/> Plea-Bargain<br><br><input type="checkbox"/> Other _____ |  |  |
| 5. In the case of:<br>State of Texas v _____  |  |                                  |  |  |       |   |  |  |  |  |
| 6. Case Level<br><input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile <input type="checkbox"/> Appeal <input type="checkbox"/> Capital Case<br><br><input type="checkbox"/> Revocation – Felony <input type="checkbox"/> Revocation – Misdemeanor <input type="checkbox"/> No Charges Filed <input type="checkbox"/> Other _____                        |  |                                  |  |  |       |   |  |  |  |  |
| 7. Attorney (Full Name) _____   |  |                                  |  | 9. Attorney Address (Include Law Firm Name if Applicable)<br>_____<br>_____<br>_____ |       |   | 10. Telephone _____                              |  |  |  |
| 8. State Bar Number _____   |  | 8a. Tax ID Number _____          |  |  |       |   | 11. Fax _____                                    |  |  |  |
| <b>12. Flat Fee – Court Appointed Services</b>  |  |                                  |  |  |       |   |  | 12a. Total Flat Fee  |  |  |
|   |  |                                  |  |  |       |   |  | \$ _____   |  |  |
| 13.   |  | <b>In Court Services</b>         |  | Hours  | Dates | 13a. Total In Court Compensation.<br><br><br><br>\$ _____     |  |  |  |  |
|   |  |                                  |  |  |       |   |  |  |  |  |
|   |  |                                  |  |  |       |   |  |  |  |  |
|   |  |                                  |  |  |       |   |  |  |  |  |
|   |  | Rate per Hour =                  |  | Total hours  |       |   |  |  |  |  |
| 14.   |  | <b>Out of Court Services</b>     |  | Hours  | Dates | 14a. Total Out of Court Compensation.<br><br><br><br>\$ _____ |  |  |  |  |
|   |  |                                  |  |  |       |   |  |  |  |  |
|   |  |                                  |  |  |       |   |  |  |  |  |
|   |  |                                  |  |  |       |   |  |  |  |  |
|   |  | Rate per Hour =                  |  | Total hours  |       |   |  |  |  |  |
| 15.   |  | <b>Investigator</b>              |  |  |       | Amount  | 15a. Total Investigator Expenses<br>\$ _____     |  |  |  |
|   |  |                                  |  |  |       |   |  |  |  |  |
|   |  |                                  |  |  |       |   |  |  |  |  |
| 16.   |  | <b>Expert Witness</b>            |  |  |       | Amount  | 16a. Total Expert Witness Expenses<br>\$ _____   |  |  |  |
|   |  |                                  |  |  |       |   |  |  |  |  |
|   |  |                                  |  |  |       |   |  |  |  |  |
| 17.   |  | <b>Other Litigation Expenses</b> |  |  |       | Amount  | 17a. Total Other Litigation Expenses<br>\$ _____ |  |  |  |
|   |  |                                  |  |  |       |   |  |  |  |  |
|   |  |                                  |  |  |       |   |  |  |  |  |
| 18. Time Period of service Rendered: From _____ to _____<br>Date Date   |  |                                  |  |  |       |   |  |  |  |  |
| 19. Additional Comments _____   |  |                                  |  |  |       |   |  | 20. Total Compensation and Expenses Claimed  |  |  |
| 21. Attorney Certification – I, the undersigned attorney, certify that the above information is true and correct and in accordance with the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel.<br><br><input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment    _____<br>Signature Date |  |                                  |  |  |       |   |  |  |  |  |
| 22. SIGNATURE OF PRESIDING JUDGE:   |  |                                  |  |  |       |   |  | Amount Approved:   |  |  |
| Reason(s) for Denial or Variation _____   |  |                                  |  |  |       |   |  |  |  |  |
| 23. APPROVAL FOR PAYMENT  |  | Auditor's Signature              |  |  | Date  |   |  | G/L Account No.  |  |  |

